INDIVIDUAL PHENOMENA - INTRODUCTION TO INDIVIDUAL HANDLING OF THE ANTICIPATORY GRIEF OF DYING

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THE WAY YOU LIVE IS THE WAY YOU DIE!

It has been determined that a patient's response to his real or imagined imminent death is mainly dependent upon the three following basic variables:

1. Personal Characteristics
   How the person has previously dealt with stress will be a significant factor.

2. Interpersonal Relationships
   How the person has characteristically communicated with family members and friends will affect his mode of relating to hospital personnel, especially those in positions of authority.

3. Particular Illness
   How certain illnesses cause psychological or physiological changes will influence the total situation. Different types of therapy bring about a variety of individual reactions.

The composite of these three variables forms the foundation from which the patient moves forward or backward through the stages of anticipatory grief. Dr. Kubler-Ross states that the dying person responds from one of the five stages as he anticipates death. In her book, On Death and Dying, Dr. Kubler-Ross refers to these as:

(a) Denial - "No, not me!"
(b) Anger - "Why me!"
(c) Bargaining - "Maybe not me!"
(d) Depression - "Maybe me!"
(e) Acceptance - "Yes, me!"

Chaplains and other health care workers need to be aware of these stages in order to respond meaningfully when a patient is experiencing this trauma. Knowledge of these five stages will assist the chaplain, even in the absence of information about personal characteristics and interpersonal relationships. As the chaplain becomes more aware of informa-

tion about the three basic variables, he can respond even more meaningfully and therapeutically. No one can force another person to move through the five stages of anticipatory grief; however, another person can facilitate this process.

A brief explanation of the five stages follows:

1. First Stage --- Shock-Denial

   Shock results from the immobilization of thought and/or action; it occurs when a person is informed of an impending loss---i.e., death, surgical removal of part of the body, permanency of a disability, etc. Shock is a form of disassociation which allows the person to avoid dealing with the event at hand. Fainting is a physical manifestation of shock.

   Denial serves as an emotional buffer when one is asked to face an unpleasant reality. Persons use denial when they do not want to deal with a crucial issue. When a person employs this defense, he can ignore you or convince himself that you are talking about someone else. Everyone uses denial at some time in his attempts to cope with the world. Some people believe that denial is only a temporary state of mind. In my experience as a chaplain, I find that this belief is open to question. Denial can become the pervasive defense of an individual; he cannot be convinced that he is evading the real issue. Further discussion must be held with the patient before he is ready to face his situation. Time, patience, and a rational approach are necessary on the part of the chaplain if he is to be of help to the patient.

2. Second stage --- Anger

   Anger replaces shock and denial. Various types of anger reactions may be seen as envy, resentment, or rage. These feelings may be directed at oneself

or others. One target may be the doctors who did not discover the disease earlier. The anger also may be focused inward because the patient did not seek treatment sooner. The patient is angry because his illness is not a fair or just reward.

Often the chaplain is besieged with angry abuse, questioning, etc. If the helping person can refrain from taking the anger personally, he can respond genuinely and rationally; then he can provide a strong resource when the patient is willing to acknowledge his situation. If the helping person becomes angry, he should leave the patient but tell the patient when he will return, for the patient is in need of his support. The patient who is respected, understood, and given appropriate attention will soon reduce his angry demands and be willing to talk on a more rational level.

3. Third Stage --- Bargaining
During this stage, the patient bargains in an attempt to postpone his loss of life. He bargains for one more chance. Most bargains are made with God; the promises made are usually the result of guilt. The chaplain can be a listener who points out the facts rationally.

4. Fourth Stage --- Depression
Usually depression is expressed after the patient recognizes the realities. It is fruitless to talk the patient out of his depression because he feels that he is soon to lose everything---his life, family, friends. If a person is able to express his sorrow, he will be more able to accept his situation. A chaplain may be the one who helps the patient grope for values that transcend both health and survival; the patient can be assisted in finding a faith that encompasses his pain and death.

5. Fifth Stage --- Acceptance
   Often the patient can reach the stage where he is neither depressed nor angry. He has somehow found that his life is good. He will be able to discuss his feelings and will contemplate the end of life with some expectation. At this point, the patient may be expected to sleep more. The patient needs to know that he has not been abandoned.

Family members are also an integral part of the overall picture; they should not be forgotten. When their anger and guilt can be resolved, they will experience their own anticipatory stages of grief. The more this grief can be expressed before the death of the patient, the less unbearable it becomes afterward.

In many ways, death per se is not so much the problem as is the process of dying and the manner in which persons deal with it. As the body ages in the process of dying, the patient moves through psychological stages as he prepares for death. Most individuals are aware of their imminent death even if they do not consciously admit it.

A patient may move rapidly through the stages toward acceptance only to move back to a previous stage. The phenomenon can happen during a short conversation. Changes in the patient's mental state can be observed at any particular point in time.

The chaplain wants to assist the patient in finding a purpose in the midst of tragedy. This is no easy task. Whether or not the patient will allow the chaplain to assist is the patient's choice. If the chaplain possesses an understanding of the stages of anticipatory grief, he will not experience a personal affront if the patient resents him as being a symbolic representative of God. The chaplain can use the patient's anger as an opportunity to reflect the love and acceptance that he needs.

Only the patient can choose his personal attitude at the time he faces death. It is possible for the chaplain to help the patient view his illness as a way of growing. This new knowledge can enhance the way the patient chooses to live the time he has.

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